Mail to: **IECDB** 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073

Reset Form



Iowa Ethics and Campaign Disclosure Board

Required by lowar Code section obb.35, obb.3(2), and rules in 351 -	Chapter 7.
SIL CONTROL OF THE CO	
Personal Financial Disclosure Statement	##
fame: Patrick J. Palmersheim	
Please type or print legibly	Lares.
gency or department: Iowa Department of Veterans Affairs	
osition held; Executive Director	43
tatewide office sought (non-incumbent candidates only):	
his statement is for Calendar Year 2007. Check if this is an amended statement. This statement is required to cover the calendar year preceding the year the calendar year.	he report is due.
Seneral instructions: Complete each of Parts A, B, and C below. Attach additional pages if a	equality.
* * * * * * * * * * * * * * * * * * * *	100
ecupation, or profession in which you were engaged during the previous calendar yea ame and nature of each business or employer. If you were not employed by anyone gency and for the position held above check here.	r, including the other than the
Part B. Income sources of more than \$1,000. In the categories below list each ou received more than \$1000 in gross annual income during the previous calendar revalue of the holding is not required to be listed. This includes the total amount eccived jointly with one or more persons exceeding \$1000. Do not report income recommon or other family members. A source is reportable if the gross income produced ederal or state income tax during the reporting period. If you have nothing to report there.	yel The amount at or income city excely by your will subject to
. Securities. List any company in which you owned securities	
	1200
1	

Instruments of Financial Institutions. List the institutions from which ome such as certificates of deposit or savings accounts.		-
The second secon	F	lese
		-
		-
	1/9/02/	
Trusts. State the nature or type of the trusts.	(A)	
same me matate of type of the dusts.	**	
	1/93/95	-
		-
	100	-
Dool Federa Ties the nature of such as a federal of the second of the se		
Real Estate. List the nature of real estate interests including an interest	i from which income was	
ived from the selling of property. Do not list the location, address, or lega	description and	
- AMALIA		-
		-
THE STATE OF THE S		
Retirement Systems. List the name of the employer/sponsor of any re-	etirement beneat system.	
	15 7 1 1 1	
	and the second	_
	Program	
Sales to political subdivisions. List any sales of a good or service to a	political subdivision of the	
e if a commission from the sale was received.		
The second secon	and the same of th	
	機能透過	
- A- 14 10 10 10 10 10 10 10 10 10 10 10 10 10	12 14 C	
	1000	_
Other. List other sources of annual gross income not reported above the	at were renormal for tax	
poses.		
-	100	
	Tax view	-
	Teach state	-
PROFILE AND ADDRESS OF THE PROFILE AND ADDRESS O		-
and C. Condition of Classical Con-		
art C. Certified Signature.		
	1.2	
I certify that this statement is true and accurate to the best of my k	nowledge. I thiderstand that	
m subject to potential civil and criminal penalties for failing to file an acc	urate statement or for failing	
file this statement by the required due date.	1881-	

(Signature of person filing statement)

April 18,200